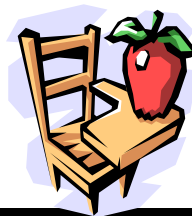


ENCOUNTER KEYS



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ESSURE CONTRACEPTIVE DEVICE

Essure was FDA-approved in November of 2002. The June 2003 Hayes Alert gives the Essure device a "D" rating. The Essure system involves transcervical placement of a device consisting of two small coils, which are implanted into the Fallopian tubes. No CPT code currently exists for this device. Providers will likely bill for an unlisted hysteroscopy (58579) for insertion of this device.

A review of several commercial carriers has not found any mention of coverage of this device at this time. Other forms of contraception are currently considered community standard of care and are included as covered services for the Arizona Medicaid program. Following review of the current literature, AHCCCS has determined that the use of the Essure device for contraception is not currently considered a covered service. Chapter 400, Policy 420 regarding coverage for family planning will be updated to reflect this position.

ICD-10-CM

The American Health Information Management Association has partnered with the American Hospital Association to begin field testing the

ICD-10-CM medical code set. The ICD-10-CM is slated to replace ICD-9-CM in the future.

Visit <http://www.AISHealth.com/EHealthBusiness/070803.html#story6> for further information.

UPDATE TO ENCOUNTER REPORTING USER MANUAL

Appendix D and E of the Encounter Reporting User Manual have been updated and can now be accessed through the AHCCCS website. These sections deal only with the provider and reference interfaces. For further information access the web site at:

<http://www.ahcccs.state.az.us/content/downloads/dwnloads.asp#Manuals>

DILEMMAS

For the months of September and October the following error code conditions are not subject to sanction.

S385 - Service Units Exceed Maximum Allowed (80000 procedure codes and service units less than twice the limit)

S386—Maximum Anesthesia Units Exceeded (Service units less than twice the limit)

Fee-For-Service Physician Fee Schedule Technical and Professional Component Reimbursement

AHCCCS is revising its modifier values for the Technical and Professional Components (modifiers TC and 26) on the FFS fee schedule for consistency with Medicare proportions. The revisions are effective for dates of service on or after October 1, 2003. The Technical and Professional modifier values will soon be available on the AHCCCS website at www.ahcccs.state.az.us.

UPDATES

- ◆ Provider Type 04 (Laboratories) can now bill HCPCS Code 36416 - Collection Of Capillary Blood Specimen (eg, Finger, Heel) effective with date of service November 1, 2002.
- ◆ For procedure code 27652 (Repair, Primary, Open or Percutaneous, Ruptured Achilles Tendon; with Graft) the sex code indicator has been eliminated.

Limits

- ◆ The yearly limits which were 720 hours has been removed from the procedure code Z3061 (Group Respite Care; per hour).
- ◆ The yearly limits and frequency have been removed on procedure code 76506 (Echoencephalography, B-Scan And/Or Real Time With Image). However, the procedure daily maximum is 2.
- ◆ J1245 (Injection, Dipyridamole, Per 10 mg) has increased the maximum dosage to 6 units.

State Only Local Code Conversion

Current local codes will be closed effective January 1, 2004. Local codes can be used through date of service December 31, 2003 but cannot be used after December 31, 2003. To allow contractors and providers system ramp-up time, new code phase-in period will be from October 1, 2003 through December 31, 2003. New codes may be used beginning with date of service October 1, 2003 and must be used beginning with date of service January 1, 2004.

Modifier Change

Effective with HIPAA code set implementation, State Supplied Vaccine (SL) modifier replaces Vaccine Administration/children (0-18) (VA) modifier.

The MCO code crosswalk is available on the monthly reference files which can be found on the FTP server. The Arizona local code crosswalk for providers is available on the AHCCCS web site. Code groupings are broken out on the provider crosswalk.



Place of Service

Effective 10/02/2002 the following codes can be used at place of service 11 (Office) & 15 (Mobile Unit):

- G0030 Pet Myocardial Perfusion Imaging, (Following Previous Pet, G0030-G0047)
- G0031 Pet Myocardial Perfusion Imaging, (Following Previous Pet, G0030-G0047)
- G0032 Pet Myocardial Perfusion Imaging, (Following Rest Spect, 78464);
- G0033 Pet Myocardial Perfusion Imaging, (Following Rest Spect, 78464);
- G0034 Pet Myocardial Perfusion Imaging, (Following Stress Spect, 78465)
- G0035 Pet Myocardial Perfusion Imaging, (Following Stress Spect, 78465)
- G0036 Pet Myocardial Perfusion Imaging, (Following Coronary Angiography)
- G0037 Pet Myocardial Perfusion Imaging, (Following Coronary Angiography)
- G0038 Pet Myocardial Perfusion Imaging, (Following Stress Planar Myocardial)
- G0039 Pet Myocardial Perfusion Imaging, (Following Stress Planar Myocardial)
- G0040 Pet Myocardial Perfusion Imaging, (Following Stress Echocardiogram)
- G0041 Pet Myocardial Perfusion Imaging, (Following Stress Echocardiogram)
- G0042 Pet Myocardial Perfusion Imaging, (Following Stress Nuclear Ventriculogram)
- G0043 Pet Myocardial Perfusion Imaging, (Following Stress Nuclear Ventriculogram)
- G0044 Pet Myocardial Perfusion Imaging, (Following Rest Ecg, 93000);
- G0045 Pet Myocardial Perfusion Imaging, (Following Rest Ecg, 93000);
- G0046 Pet Myocardial Perfusion Imaging, (Following Stress Ecg, 93015);
- G0047 Pet Myocardial Perfusion Imaging, (Following Stress Ecg, 93015);
- G0202 Screening Mammography, Producing Direct Digital Image, Bilateral,
- G0203 Screening Mammography, Film Processed To Produce Digital Images
- G0204 Diagnostic Mammography, Producing Direct Digital Image, Bilateral
- G0205 Diagnostic Mammography, Film Processed To Produce Digital Image
- G0206 Diagnostic Mammography, Producing Direct Digital Image, Unilateral
- G0210 Pet Imaging Whole Body; Diagnosis; Lung Cancer, Non-Small Cell
- G0211 Pet Imaging Whole Body; Initial Staging; Lung Cancer; Non-Small
- G0212 Pet Imaging Whole Body; Restaging; Lung Cancer; Non-Small
- G0213 Pet Imaging Whole Body; Diagnosis; Colorectal
- G0214 Pet Imaging Whole Body; Initial Staging; Colorectal
- G0215 Pet Imaging Whole Body; Restaging; Colorectal Cancer
- G0216 Pet Imaging Whole Body; Diagnosis; Melanoma
- G0217 Pet Imaging Whole Body; Initial Staging; Melanoma
- G0218 Pet Imaging Whole Body; Restaging; Melanoma (Replaces G0165)
- G0219 Pet Imaging Whole Body; Melanoma For Non-Covered Indications
- G0220 Pet Imaging Whole Body; Diagnosis; Lymphoma
- G0221 Pet Imaging Whole Body; Initial Staging; Lymphoma (Replaces G0164)
- G0222 Pet Imaging Whole Body; Restaging; Lymphoma (Replaces G0164)
- G0223 Pet Imaging Whole Body Or Regional; Diagnosis; Head And Neck
- G0224 Pet Imaging Whole Body Or Regional; Initial Staging; Head And Neck



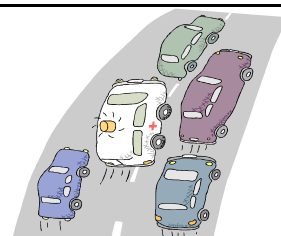
G0225 Pet Imaging Whole Body Or Regional; Restaging; Head And Neck
 G0226 Pet Imaging Whole Body; Diagnosis; Esophageal Cancer
 G0227 Pet Imaging Whole Body; Initial Staging; Esophageal Cancer
 G0228 Pet Imaging Whole Body; Restaging; Esophageal Cancer
 G0229 Pet Imaging; Metabolic Brain Imaging For Pre-Surgical Evaluation
 G0230 Pet Imaging; Metabolic Assessment For Myocardial Viability Follow
 G0231 Pet, Whole Body, For Recurrence Of Colorectal Or Colorectal Metastati
 G0232 Pet, Whole Body, For Staging And Characterization Of Lymphoma;
 G0233 Pet, Whole Body, For Recurrence Of Melanoma Or Melanoma Metastati
 G0234 Pet, Regional Or Whole Body, For Solitary Pulmonary Nodule Follow
 G0236 Digitization Of Film Radiographic Images With Computer Analysis
 G0252 Pet Imaging, Full And Partial-Ring Pet Scanners Only, For Initial
 G0253 Pet Imaging For Breast Cancer, Full & Partial-Ring Pet Scanners
 G0254 Pet Imaging For Breast Cancer, Full And Partial- Ring Pet Scanner
 78608 Brain Imaging, Positron Emission Tomography (Pet); Metabolic Evaluation
 78609 Brain Imaging, Positron Emission Tomography (Pet); Perfusion Evaluation
 78459 Myocardial Imaging, Positron Emission Tomography (Pet), Metabolic
 78491 Myocardial Imaging, Positron Emission Tomography (Pet), Perfusion
 78492 Myocardial Imaging, Positron Emission Tomography (Pet), Perfusion
 78810 Tumor Imaging, Positron Emission Tomography (Pet), Metabolic Evaluation
 A4641 Supply Of Radiopharmaceutical Diagnostic Imaging Agent, Not Other

PLACE OF SERVICE

POS 11 (Office) has been added to A5511 (For Diabetics Only, Custom-Molded From Model Of Patient) effective beginning date of service 01/01/2002 and 76815 (Ultrasound, Pregnant Uterus, Real Time With Image Documentation) effective beginning date of service 10/01/1982.

AMBULANCE WAIT TIME PAYMENTS

Since 10/01/2002, when AHCCCS changed its By Report (BR) percentage from 80% to 65% we have been inadvertently paying the incorrect amount for HCPCS code A0420 (Ambulance waiting time (ALS or BLS), one-half hour increments). We have corrected these reimbursements retroactive to the 10/01/2002 date.



ERROR CODE V151 & V152

Effective April 1, 2003 when reporting a 36X revenue code a surgical ICD9 procedure code is required.

If a 36X revenue code is reported without a surgical ICD9 procedure code, a V152 (no surgical ICD9 code present) encounter pend error results.

If a 36X revenue code is reported with a non-surgical ICD9 procedure code, a V151 (ICD9 must be surgical) encounter pend error results. If the non-surgical ICD9 procedure code is correct, the 36X charges must be non-covered to clear the pend error.

AHCCCS APPROVES CODES AND RATE FOR AMBULATORY SURGICAL CENTER GROUP 9

Effective July 1, AHCCCS has approved codes and rates for Ambulatory Surgical Center (ASC) Group 9. The rate for group 9 is \$1,331. A complete list of ASC groups and the HCPCS codes that are included in each group can be downloaded from CMS at:

<http://cms.hhs.gov/providers/pufdownload/ascdwn.asp>

Not all CMS approved HCPCS were included in an AHCCCS covered services ASC group. Providers should confirm that a service is covered prior to billing.

Nursing Facilities Must Bill with New Codes Effective October 1, 2003

Effective for dates of service and or after October 1, 2003, nursing facilities must bill for services using the new revenue codes. The Health Insurance Portability and Accountability Act (HIPAA) mandates standardization of codes by eliminating all local codes, including revenue codes 070, 072, 073, 074, 075 and 076.

A crosswalk showing the relationship between the local revenue codes that are being eliminated, the new revenue codes and the allowable bill types is available on the AHCCCS website www.ahcccs.state.az.us. At the AHCCCS home page, click on "Information for Providers."

DATA CERTIFICATION

Changes to the existing process that accepts input files from Managed Care Organizations (Health Plans) are now being required by the Balanced Budget Act of 1997 (BBA). This change now includes a Data Certification form. The form must be sent from contracted plan **for each file**. The file must be certified by the Chief Executive Officer (CEO), Chief Financial Officer (CFO), **or an individual who has delegated authority to sign for and who reports directly to the CEO or CFO.**

The daily Encounter files may no longer be processed on the day they are received. A delay of several hours up to several days (weekend) could be encountered while the input files are being matched to the certification form and files are moved from the external directory to the staging directory.

AHCCCS is developing an automated solution. Until an automated solution is developed, plans must fax completed Data Certification forms (See attached), available from the AHCCCS website at www.ahcccs.state.az.us, to Brent Ratterree, Encounter Unit, at (602) 417-4725. Encounter staff will compare certification forms with encounter files submitted by the Plans. Files with matching certification forms will be moved to an encounter processing location. Following a reasonable period of time, files without matching certification forms may be rejected. The processing of encounter data does not currently change. Syntax checks, monthly processing, and output files and reports remain unchanged. Please refer to the encounter processing schedule for processing dates and time.

Field No.	Instructions
1.	Enter the name of the Contractor.
2.	Enter the Contractor's ID number assigned by AHCCCSA.
3.	File or document name. Certification form must be matched to Contractor's file or document prior to processing or use.
4.	Expected or actual submission date to AHCCCSA.
5.	Type or print the CEO/Administrator's, CFO's, or Delegated Representative's, who is a direct report to CEO or CFO, name and title.
6.	Enter the date the form is signed.
7.	Signature of the CEO/Administrator, CFO, or Delegated Representative.

Arizona Health Care Cost Containment System

701 E. Jefferson, Mail Drop 6500, Phoenix, Arizona 85034

Data Certification Form

1. _____ Contractor Name
2. _____ Contractor ID
3. _____ File or Document Name
4. _____ Date of Expected or Actual File/Document Submission

Health Plan/Program Contractor/ADHS/DBHS, herein called "Contractor" is hereby authorized to submit encounter data to the Arizona Health Care Cost Containment System Administration (herein called "AHCCCSA") for services rendered by the undersigned Contractor, in machine-readable form, as specified by AHCCCSA.

By my signature below, I certify that the data and/or documents so recorded and submitted as input data or information, based on my best knowledge, information, and belief, is in compliance with Subpart H of the Balanced Budget Act Certification requirements; is complete, accurate, and truthful; and is in accordance with all Federal and State laws, regulations, policies and the AHCCCSA/ Contractor contract now in effect. Contractor further certifies that it will retain and preserve all original documents as required by law, submit all or any part of same, or permit access to same for audit purposes, as required by the State of Arizona, or any agency of the federal government, or their representatives.

CEO/Administrator

5.

Date: / 6./

CFO

Delegated Representative:

Title: _____

Signature: _____

7.